

## Risk Profile

### *How was the risk profile done?*

We wanted to give you information about the risk behaviors in different subpopulations in your area. But just like the epi information, it can be hard to absorb and deal with different strands of information about different groups. So we have calculated risk scores for each subpopulation. These risk scores are based on information collected in HIV Prevention Counseling sessions (see *How did you get this information?* below). We included 11 behaviors/risk indicators in the risk profile:

**Barrier use with oral sex:** The percent of clients who said they “almost never” used condoms with oral sex (out of those who reported oral sex in the last year)

**Barrier use with vaginal sex:** The percent of clients who said they “almost never” used condoms with vaginal sex (out of those who reported this kind of sex in the last year)

**Barrier use with anal sex:** The percent of clients who said they “almost never” used condoms with anal sex (out of those who reported anal sex in the last year)

**STD history:** The percent of clients who said they had an STD in the last year

**Multiple partners:** The percent of clients who said they had multiple sexual partners in the last year.

**Sex partner at risk:** The percent who said they had a sex partner at risk. The sex partner risks include all of the following: man who has sex with men, injecting drug use, partner with HIV/AIDS, or some other risk for HIV.

**Sex partner with multiple partners** – Percent of clients who said their sex partners have multiple sex partners.

**Buying sex with money or drugs:** The percent of clients who report buying sex with money or drugs in the last year

**Selling sex for money or drugs:** The percent who said they sold sex in the last year.

**Drug use with sex:** The percent of clients who said they used substance(s) before sex/during sex in the last year. The list of possible substances includes alcohol, pot, cocaine, and heroin.

**Sharing needles:** The percent of clients who said they shared syringes and/or injection equipment in the last year.

### **How did you get this information?**

All risk profile information presented in this Epidemic Profile comes from risk behavior information reported by clients to counselors during Prevention Counseling (PC) sessions. These are recent risks for HIV – behaviors that have occurred in the 12 months before the counseling session. Since we used PC information that had been reported to TDH by 12/31/1999, this information reflects PC sessions that took place January through September of 1999.

### **Is this information accurate? Can it be used to say what risk behaviors are going on in the community?**

This information comes from what PC counselors report about the sessions they do with clients. If a risk doesn't come up during a session, it is not reported, so if clients don't report all their risk behaviors they won't show up here. For this reason, all the percentages should be considered minimum estimates of that behavior in clients. Also remember that this is information from PC clients, not a random sample of MMS, IDU or FMS. If your own observations tell you that certain groups within risk population don't accessing PC very often, say African American gay men, then you may want to suggest that more information be gathered on this group through needs assessment. When the numbers of clients in a group is very small, we indicated this in the summary of the profile. So the PC information is not perfect, but it gives a good idea of how "prevalent" a risk behavior is among PC clients– are lots members of a subpopulation reporting it, or only a few? Use it as a way of comparing between groups, and maybe to spark some questions for your needs assessment.

## How was the information analyzed?

Step 1: Prevention counseling data received by TDH by 12/31/99 was separated by BDTP and then categorized by race/ethnicity and sex (when appropriate). We then calculated percentages for each risk behavior.-- low percents present low risk and higher numbers represent relatively higher risks.

Step 2: Assigned a number score, called a risk score, to each percentage. This was done to make it easier to add numbers together. The following table shows how the percentages were translated into risk scores.

<b>\Percent of clients reporting risk</b>	<b>Risk Score</b>
0	0
1% to 9%	1
10% to 19%	2
20% to 29%	3
30% to 39%	4
40% to 49%	5
50% to 59%	6
60% to 69%	7
70% to 79%	8
80% to 89%	9
90% to 100%	10

Step 3: Added up all the risk scores for the 11 risk factors for each sub-population.

Step 4 Put the total risk scores in a table for each subpopulation, then sorted the subpopulations from high to low.

### How to Read Risk Profile Tables

The risk information included in this appendix is presented in the following order:

- Table of Total Risk Scores for each analysis zone
- Score Translation Table
- Tables of individual risk factors for each sub-population

#### Risk Rank Table

County X

BDTP	Race/Ethnicity	Risk Score
IDU men	Hispanic	62
IDU women	Hispanic	62
IDU men	African American	60
IDU men	White	59
IDU women	White	51
F/MS men	African American	43
F/MS men	Hispanic	40
F/MS women	Hispanic	39
F/MS women	African American	38
M/MS	Hispanic	36
F/MS women	White	36
F/MS men	White	35
M/MS	White	30
M/MS	African American	21
IDU women	African American	0

**BDTP** – This column identifies which behavioral group and sex is shown in that row of information. In this example, the first row of information refers to men who inject drugs.

**Race/Ethnicity** – This column identifies which racial/ethnic category is shown. In this example, the first row of information refers to Hispanics.

**Risk Score** -- This column identifies the total risk score for the sub-population described by the combination of BDTP and race/ethnicity columns. In this example, the rank score for IDU Hispanic men is 62.

*If one or more risk factors are missing information, the rank score is colored yellow.*

*If all risk factors for a specific sub-population are missing, then the score is highlighted in pink.*

## Score Translation Table

Note: We are showing only a section for IDU men as an example.

BDTP	Race/Ethnicity	% Indicating Risk											Blank	Total
		90-100	80-89	70-79	60-69	50-59	40-49	30-39	20-29	10-19	1-9	0		
IDU men	White	1	1	0	0	3	2	2	0	2	0	0	0	11
	African American	2	2	0	2	0	1	0	1	0	0	0	3	11
	Hispanic	1	1	1	1	1	3	1	0	1	1	0	0	11

The first column of information identifies which behavioral group and sex is identified by a row of information.

The second column of information identifies which racial/ethnic category is identified by a specific row of information.

At the top of each column, you will notice a range of numbers. These ranges correspond to the different risk scores. This table shows how the percentages from the different risk behaviors got translated into scores. The number under each range of scores shows the number of risk factors for that specific sub-population which have that proportion of clients who indicated a risk.

The number in the *blank* column indicates the number of risk factors that did not have sufficient information to analyze.

The total column indicates the number of risk factors identified in the table. This is used for a cross check to make sure all factors have been accounted for. Notice that IDU populations have 11 risk factors and M/MS and F/MS only have 10. This is because IDU are the only population that would have sharing injection equipment as a risk factor.

The final column is the rank score. This score is calculated by multiplying the number of risk factors in each column, by the risk score for that column.

In our example, for IDU African American men there were 2 risks in the 90-100% range, 2 risks in the 80-89% ranges, 2 risks in the 60-69% range, 1 risk in the 40-49% range, 1 risk in the 20-29% range, and three behavior risk categories where there was not enough information to give a score to this group. So this means this group gets a total risk score of  $10 + 10$  (for the 2 risks in the 90-100% range)  $+ 9 + 9$  (for the scores in the 80-89% range)  $+ 7 + 7$  (for the 2 risks in the 60-69% range)  $+ 5$  (for the risk in the 40-49% range)  $+ 3$  (for the risk in the 20-29% range). This gives a total of 60. But notice that 3 scores are missing, so this score should be used cautiously, and may be supplemented with information from your needs assessment.

## Risk Profile Tables

Risk profile tables are calculated for each HMAZ and LMAZ in an area, and for African Americans, Hispanics, and Whites separately within each HMAZ and LMAZ. The table below is an example showing the risk profile for Hispanics in Area X.

Hispanic	M/MS	IDU		F/MS		# of Responses	
Barrier Use		Male	Female	Male	Female		
Oral*	100	67	100	91	81		4
Vaginal*	100	50	50	48	58		3
Anal*	100	0			25		2
STD History	43	0	22	16	6		1
Multiple Partners	43	80	67	31	13		0
<b>Exchange Sex</b>							
Bought	0	60	0	7	0		
Sold	0	20	22	0	0		
Substance Use	71	80	100	67	38		
Sharing Needles		80	67				
Partner risk	43	60	33	5	6		
Partner Mult Partners	29	40	56	24	21		

\*barrier use is presented as proportion never used barrier, all other measures report proportion reporting that behavior.

The first column identifies the risk factor.

Columns identify behavioral classifications and sex.

All numbers represent proportion of the indicated sub-population who reported the risk behavior in the past year. For example, in the section of the table shown above, it indicates that 91% of prevention counseled F/MS Hispanic men in Rural East Texas indicated they never used a barrier for oral sex.

*Notice that the M/MS and IDU male sections are shaded green. For analysis, we have decided that a minimum of five counseling sessions must be present to be confident about the proportion shown. The areas shaded indicate those risk factors in which there is insufficient evidence to comment upon. The number of sessions for these limited factors are indicated by the color of the shading. In the above example, the green shading in M/MS and IDU males indicates there were only 3 prevention counseling sessions for M/MS and IDU males in this analysis zone discussed barrier use with oral sex.*